# HHSC CONTRACT No. 529-16-0132-00006-A AMENDMENT No. 1

The Health and Human Services Commission ("HHSC" or "System Agency") and <u>The Heidi Group</u> ("Grantee" or "Contractor") having its principal office at <u>109 S. Harris Street</u>, <u>Ste. 210</u>, <u>Round Rock</u>, <u>TX 78664</u> (each a "Party" and collectively the "Parties") desire to amend the Healthy Texas Women's Grant Program contract ("Contract") with the terms and conditions contained herein ("Amendment").

WHEREAS, the Parties desire to amend the Contract by adding the revised Healthy Texas Women Certification ("2017 HTW Certification") that is effective January 1, 2017 through August 31, 2017;

WHEREAS, the Parties desire to modify the clinics that are providing Healthy Texas Women Program services under the Contract; and

WHEREAS, this revision will result in no increase in Contract value.

Now, THEREFORE, the Parties hereby modify the Contract as follows:

- 1. SECTION IV of the Contract, Statement of Services to be Provided, is modified as follows:
  - A. The 2017 HTW Certifications, which are attached hereto and incorporated herein by this reference, are added to Attachment B -- Contractor's revised Program Forms in the Contract;
  - B. All references to the following clinics contained in the Contract are hereby deleted in their entirety:

Cheng Chien Song MD	1001 12th Avenue, Fort Worth, TX 76104
Clinica Betesda Corp. Pflugerville	1100 Grand Avenue Parkway, Suite 106, Pflugerville, TX
OBGYN	78660
Webster Family Care	200 Medical Center Blvd, Suite 102, Webster, TX 77598
Wise Choices Pregnancy Resource	
Center	604 N Trinity, Decatur, TX 76234

C. The following clinics are added to Attachment B in the Contract for the provision of Healthy Texas Women Program services:

Heritage Healthcare Clinic	1475 Heritage Pkwy Suite 225, Mansfield, TX 76063
Tyler Family Circle of Care	1001 North Palestine, Athens, TX 75751
Tyler Family Circle of Care	510 East Commerce Street, Jacksonville, Tx 75766
Michael A. McFarland, M.D.	1105 Oak Street, Suite A, Jourdanton, TX 78026
Rio Grande Women's Clinic-Alamo	427 E. Duranta Avenue, Ste.108, Alamo, TX 78516

Rio Grande Women's Clinic-Edinburg	2502 E. Richardson Road, Edinburg, TX 78542
Rio Grande Women's Clinic-La Joya	1/4 Mile W. Buena Vista & Hwy. 83 La Joya, Tx 78560
Rio Grande Women's Clinic-McAllen	222 E. Ridge Road, Ste. 101, McAllen, TX 78501

- D. All references in the Contract to the clinic named "Brazos Medical Associates" are hereby replaced with "Bryan Medical Associates"; and
- E. The following forms for the clinics listed in subsections C and D, above, are added to Attachment B in the Contract:
  - > Form K: Healthy Texas Women Clinic Site Readiness
  - > Form K-1: Healthy Texas Women Clinic Sites
- 2. This Amendment shall be effective upon the signature date of the latter of the Parties to sign the Amendment.
- 3. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
- 4. Any further revisions to the Contract shall be by written agreement of the Parties.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

# SIGNATURE PAGE FOR AMENDMENT NO. [1] HEALTH AND HUMAN SERVICES COMMISSION CONTRACT NO. 529-16-0132-00006-A

The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

SYSTEM AGENCY	GRANTEE
	Name: Care Everett  Title: CEO
Date of Execution:	Date of Execution: Ungust 1, 2017

THE FOLLOWING DOCUMENTS ARE ATTACHED HERETO AND INCORPORATED INTO THE AMENDMENT:

ATTACHMENT B - CONTRACTOR'S REVISED PROGRAM FORMS
2017 HTW CERTIFICATIONS
FORMS FOR CLINICS DELETED
FORMS FOR CLINICS ADDED/RENAMED

# Attachment B - Contractor's Revised Program Forms

# **2017 HTW Certifications**

Legal Business Name of Respondent:
The Heldi Group
: This certification pertains to the following billing or performing provider:
Cha a late of second accordance
Provider Name UNUSTA SCOCK COS
Federal Tax ID Number 4.1-5050 /4-5
NPI Number 10041100
If provider does not have an NPI, Submission Date of Medicald Application
Provider's primary billing address:
Street Address 111 4 4 4 143 West Street
Street Address City/State/Zip Code NY YOUR FOUNTY 18054
Telephone Number 550- 630 - 1) 6
Provider's primary physical address:
Street Address 112 Street
Street Address City/State/Zip Code MON OLF GOO, 7x 78654
Telephone Number 830-10-3 ) ) )
<b>DEFINITIONS</b>
For the purposes of this certification, the following terms are defined as follows:
A STATE OF THE PROPERTY OF THE
The term ("amiliate" the state of a least relationship with another entity, which relationship is created or governed by at
common ownership, management, or control:
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name,
trademark, service mark, or other registered identification mark
The "written instruments" referenced above may include a conflicate of formation, a franchise agreement, standards of affiliation, bylaws, or a license; but do not include agreements related to a physician a participation in a physician group.
practice, auch as a hospital group sureament, staffing agreement, managament agreement, or collaborative practice
The term "Promote" means advancing, (urthering, advocating, or popularizing elective aportion by, for example taking animative action to secure elective aportion perfices for a HTW client (auch as making an appointment, obtaining
acressit for the elective aportion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or
equest neutral, raciosal information and nondirective counselling, including the name, address, telephone number, and other
furnishing of displaying to a HTW client information that publicizes or advertises an elective abortion service or provider:
- using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark at an
organization that performs or Promotes elective abortions.

I am the provider or, if the provider is My name is ( an organization, I am the provider's (title position) of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "!" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - 1 affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affillate of an entity that performs\_or Promotes Elective Abortions.
  - # Taffirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Premote Elective Abortions within the scope of HTW. A laffirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors'. accounting records confirm this:
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - Taffirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affillate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any
  HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds pald on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/01/17 through 08/31/17
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature;
Printed Name: Chrusty Scoggis
Title: Fre Junes
Date: 4 28 7



Legal Business Name of Respondent:	THE HEIDI GROUP	
This certification perte	ains to the following billing or performing provider:	
Federal Tax ID Nu	Community Wellness Clinic, LLP  Imber 76-0419557  1902269715	
Provider's primary bill Street Address Street Address C	ot have an NPI, Submission Date of Medicaid Applicationing address:  201 Enterprise Row, Suite 12 ity/State/Zip Code Conroe, Texas 77301-4448 er 936-760-2784	
Provider's primary ph Street Address Street Address C		

#### **DEFINITIONS**

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control;

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other request neutral, factual information and nondirective counseling should be provided.

relevant information shout a provider;
furnishing or displaying to a HTW client information that publicizes or advertises an ejective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Kerry Gregory

I am the provider or, if the provider is an organization, I am the provider's (title or position)

Vice-President

I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- 図 I affirm that this statement is true and correct.
- I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - ight affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - 1 affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - 16. I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affillate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
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If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification January 1st, 2017 through 08/31/ 2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendaryear.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: KRRRY GREGORY
Printed Name; Kerry Gregory
Title: Vice-President
Data: January 27th, 2017

Legal Business Name of Respondent:

Th	e Heldi Group
This certification pertains to the fol	llowing billing or performing provider:
Provider Name	L Haerado, UD
Federal Tax ID Number	20113090
NPI Number 1335159	<u>CM8</u>
If provider does not have ar	NPI, Submission Date of Medicald Application
Provider's primary billing address: Street Address 1405 0	auaman Pol Sunta 101
Street Address City/State/Zip C	code <u>Karldo, T4 7804</u>
Telephone Number 956	-402.1744
Provider's primary physical addres	s:
Street Address 1405 J	allaman to Surte 101
Street Address City/State/Zip C	Gode KURUMO, 14 18041
Telephone Number <u>Ublo</u>	<u>-725.1744'</u>

#### **DEFINITIONS**

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name,

trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - ✓ I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. X I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - ☑ I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - ✓ I affirm that this statement is true and correct.

- If I fall to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
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  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
    - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
    - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
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I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

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Effective Date of Certification 01/01/17 through 08/	31/17
Note: Each provider must complete a new certification and mail it to TMHP by calendar year.	the end of each
If any of statements $1-5$ are not true, you must request an immediate terminal certification:	nation of your HTW
☐ Terminate HTW certification	
Signature: Curch mo	
Printed Name: Clud Clovedo MI	
Title: OWNIK	
Date:	

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

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furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
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- If HHSC determines that I am ineligible to receive funds under the HTW Program:
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  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

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- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - 🕱 I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - xi I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. 🛪 I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - A Laffirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - পু I affirm that this statement is true and correct.

Effective Date of Certification 01/01/17	through	08/31/17	
Note: Each provider must complete a new certification as calendar year.	nd mail it to	TMHP by the end of each	
If any of statements $1-5$ are not true, you must reques certification:	t an Immedi	ate termination of your HTW	
☐ Terminate HTW certification			
Signature:			otenomenta
Printed Name: ESTACT	15	lici	
Title:	ausmogates ann athreastaga armait agus ainn stu in Frein Annaicht		Midrolando recrechi
Date: (14/10/11/20)	1 1		

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Legal Business Name of Respondent: THE HEIDI GROUP	
This certification pertains to the following billing or performing provider:	
Provider Name <u>Health 44 Clinics Lf</u> Federal Tax ID Number <u>27-2012/152</u>	(Arlington)
NPI Number 10738 21500	
If provider does not have an NPI, Submission Date of Medicaid Approvider's primary billing address:  Street Address 3825 Yucca Ave # 12	olication
Street Address City/State/Zip Code <u>+0++ WOVTh 1</u> Telephone Number <u>817-259-2273</u>	X 1611
Provider's primary physical address:  Street Address	20010 76010
DEFINITIONS	
For the purposes of this certification the following terms are defined a	s follows:
The term "effiliate" means; An Individual or entity that has a legal relationship with another entity, which relationshi least one written instrument that demonstrates; common ownership, management, or control; a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use trademark, service mark, or other registered identification mar	the other entity's brand name,
The "written instruments" referenced above may include a certificate of formation, a francaffillation, bylaws, or a license, but do not include agreements related to a physician's participartice, such as a hospital group agreement, staffing agreement, management agreeme agreement.	icipation in a physician group
The term "Promote" means advancing, furthering, advocating, or popularizing elective taking affirmative action to secure elective abortion services for a HTW client (such as mak consent for the elective abortion, arranging for transportation, negotiating a reduction in an earranging or scheduling an elective abortion procedure); however, the term does not include request neutral, factual information and nondirective counseling, including the name, address relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective	ing an appointment, obtaining elective abortion provider fee, or the providing upon the patient's as, telephone number, and other
or using, displaying, or operating under a brand name, trademark, service mark, or register organization that performs or Promotes elective abortions.	

My name is April A Tollourt. I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - ☑ I affirm that this statement is true and correct.
- 5. I'do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - 🐧 I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-1-2017 through 08/31/2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendaryear.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: A3 Dust.
Printed Name: April A. Tolbert
Title: Managing Monther + Medical Director
Date: 1-30-2017

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Legal Business Name of Respondent:	THE HEIDI GROUP
This certification pertain	s to the following billing or performing provider:
Provider Name	leath 44 Clinics LP (Fort Worth)
Federal Tax ID Num  NPI Number	ber <u>27-2092452</u> 7.38 21500
•	have an NPI, Submission Date of Medicaid Application
Provider's primary billing Street Address	3825 YUCCA Are # 129
	State/Zip Code Fort Worth TX 7611
Telephone Number Provider's primary physi	8\7-759-2273 cal address:
Street Address	3825 Yucca Ave #129
Street Address City Telephone Number	
For the p	DEFINITIONS  uposes of this certification the following terms are defined as follows:
An individual or entity that I	The term "affiliate" means: nas a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control; a franchise; or
the granting or extension of a tr	icense or other agreement that authorizes the affiliate to use the other entity's brand name, ademark, service mark, or other registered identification mark.
affiliation, bylaws, or a licens	erenced above may include a certificate of formation, a franchise agreement, standards of a, but do not include agreements related to a physician's participation in a physician group group agreement, staffing agreement, management agreement, or collaborative practice agreement;
taking affirmative action to se consent for the elective abortion arranging or scheduling an electroguest neutral, factual informations.	is advancing, furthering, advocating, or popularizing elective abortion by, for example: cure elective abortion services for a HTW client (such as making an appointment, obtaining in arranging for transportation, negotiating a reduction in an elective abortion provider fee, or ctive abortion procedure); however, the term does not include providing upon the patient's lion and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;  TW client information that publicizes or advertises an elective abortion service or provider;
using, displaying, or operat	or ing under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- 🔀 I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
- I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - A I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - 1 affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification / -1-2017 through 08/31/ 2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendaryear.
If any of statements $1-5$ are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: A3 1 Divid
Printed Name: April A. Tolbert
Tille: Minaging Member + Medical Director
Date: 1-30-2017

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Legal Business Name of Respondent: The Heidi Group This certification pertains to the following billing or performing provider: Provider Name 14.11s.cl-e Federal Tax ID Number 151891,21007 NPI Number If provider does not have an NPI, Submission Date of Medicaid Application Provider's primary billing address: Street Address Street Address City/State/Zip Code Telephone Number YOLe Provider's primary physical address: Street Address 7 / Street Address City/State/Zip Code Telephone Number DEFINITIONS For the purposes of this certification the following terms are defined as follows: The term "affiliate" means: An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control; a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and hondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will denly any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I tall to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this ceitification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTV Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

My name is Cotton Powers (FNP). I am the provider or, if the provider is an organization, I am the provider's (title or position) Owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - 💢 I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - □ Affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW A I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - 🔯 I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - 🕱 I affirm that this statement is true and correct.

Effective Date of Certification 01/01/17 through 08/31/17
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements $1-5$ are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: Athy Powers In
Printed Name: Cathy Powers
Title: Owner / FNP
Date: 41127/17

of Respondent:
The Heldl Group
This certification pertains to the following billing or performing provider:
Provider Name - fe Choices medical Clinic
Federal Tax ID Number 74 - 290 9910
NPI Number <u>1871966135</u>
If provider does not have an NPI, Submission Date of Medicald Application
Provider's primary billing address:  Street Address 3234 Mor44 Western  Street Address City/State/Zip Code San Antonic, TX 78238
Street Address City/State/Zip Code <u>San Antonic, TX 78238</u>
Telephone Number 210-543-7200
Provider's primary physical address:  Street Address Same as a tour
Street Address City/State/Zip Code
Telephone Number
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DEFINITIONS
For the purposes of this certification the following terms are defined as follows:
The term "affiliate" meane:  An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:  common ownership, management, or control; a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name,
tredemark, service mark, or other registered identification mark.  The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreemente related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.
The term "Fromote" means advancing, furthering, advocating, or popularizing elective abortion by, for example:  taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an

My name is Character. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive, D. certor. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - Taffirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. 

   I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that i, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - er affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any
  HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
    - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
    - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 ~ 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/01/17 through08/31/17
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: Chuffur
Printed Name: Charity Facrar
THIO: Executure Director
Date: Agril 24, 2017

Healthy Texas Women Certification
Legal Business Name of Contractor: THE HEIDI GROUP
This certification pertains to the following billing or performing provider:
Provider Name 5 herry Tenison / Tenison Women's Center Federal Tax ID Number 33/095043  NPI Number 1265462865  If provider does not have an NPI, Submission Date of Medicaid Application
Provider's primary billing address:
Street Address 617 W. Moore Ave Ste. B.
Street Address City/State/Zip Code Terrell, TX 75160  Telephone Number 972-563-8100
Telephone Number 972-563-8100  Provider's primary physical address:  Street Address 5505 Broadway Blud Ste B.  Street Address City/State/Zip Code Carland, Tx 75043  Telephone Number 214-703-6537
DEFINITIONS  Foirthe-purposes of this certification the following terms are daffred as follows:  The term: affiliate means:
An individual of entity that has a legal relationship with another entity, which folklionship is created or governed by at least one written instrument that demonstrates:  common ownership, management, or control;  a fraightee; or
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name; trademark, service mark, or other registered identification mark.
The Written Instruments referenced above may include a curtificate of formation, a franchise agreement, standards of affiliation; bylaws for a lighten instruments referenced to a physician a participation in a physician group practice, such as a hospital group agreement; include agreement is staffing agreement, management agreement, or collaborative practice agreement.  The term "Promote" means advancing, furthering; advocating, or popularizing elective abortion by, for example:  [Refigerfilmative action to sequre elective abortion services for a ITW-client (such as making an appointment, obtaining consent for the elective as a promoted for the elective as a promoted for the elective and the promoted for the elective and the el
eaborkion procedure); however, the form does not include providing upon the patient's request righted and an include provider;  counseling including the name, address /felephone number, and other relevent information about a provider;  furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;  ora
using displaying, of operating under a brand name; trademark, service mark, or registered Identification mark of an organization that performs or promotes alective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- I affirm that this statement is true and correct.
- I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - offirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.

- If I fall to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud tempered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

	Effective Date of Certification 1-1-2017 through 08/31/ 2017
	Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
	If any of statements 1 $-5$ are not true, you must request an immediate termination of your HTW certification:
•	☐ Terminate HTW certification
	Signature: _ Ahuz Tunion RN, WHNP-BC
	Printed Name: Sherry Tenison
	Tille: Director
	Date: 1-30-17

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Legal Business Name of Respondent:	THE HEIDI GROUP
This certification pertains	s to the following billing or performing provider:
Provider Name	herry Tenison
	per33109 50 4 3
NPI Number	265462865
•	nave an NPI, Submission Date of Medicaid Application
Provider's primary billing Street Address	5505 Broadway StB
Street Address City/S	State/Zip Code Garland TX 75043
Telephone Number_	214-703-6527
Provider's primary physic Street Address 2	al address: 714 S Bucknoh SteB
Street Address City/S	State/Zip Code Dallas, TX 75227
Telephone Number _	1 214-275-5256
For the pu	DEFINITIONS  poses of this certification the following terms are defined as follows:
An individual or entity that h	The term "affiliate" means: as a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control;
	a franchise; or cense or other agreement that authorizes the affiliate to use the other entity's brand name, demark, service mark, or other registered identification mark.
affiliation, bylaws, or a license,	renced above may include a certificate of formation, a franchise agreement, standards of but do not include agreements related to a physician's participation in a physician group group agreement, staffing agreement, management agreement, or collaborative practice agreement.
taking affirmative action to sec- consent for the elective abortion, arranging or scheduling an elec- equest neutral, factual information	advancing, furthering, advocating, or popularizing elective abortion by, for example: ure elective abortion services for a HTW client (such as making an appointment, obtaining arranging for transportation, negotiating a reduction in an elective abortion provider fee, or five abortion procedure); however, the term does not include providing upon the patient's on and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; W client information that publicizes or advertises an elective abortion service or provider;
	or ng under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - if affirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - Taffirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is frue and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - ia) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Certification 1-1-2017 through 08/31/ 2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 $-5$ are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: May Tunner RN, WHNP-BC
Printed Name: Sherry Tonison
Title: Director
Date: 1-30-17

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	Healthy Texas Women Cerl	tification	
Legal Business Nam of Contractor:	THE HEIDI GROUP		_
This certification pertains to	the following billing or performing	g provider:	^
Federal Tax ID Number	943432832 65462865	Women's Health Care	e Center
If provider does not hav	e an NPI, Submission Date of Me	dicaid Application	
Provider's primary billing at	ldress: 314 5. Buckner B	lud. ste.B.	
Street Address City/Sta	ate/Zip Code Dallas, TX	75227	
Telephone Number	214-275-5256		
Provider's primary physical	address: Broadway I	Blud Ste. B.	
Street Address City/Sta	ate/Zip Code Carland, TX	75043	
Telephone Number	214-703-6527		
For	DEFINITIONS:	ing terms sie defined as follows:	
	The term "affiliate" n	ieans	
An individual or entity	kthar has a legal rolation ship with another a legatione written Instrument II		rned by at
	common ownership, managen		
	a fyanchise; or		
	se or olher agreement that authorizes the a maik, or other regiatered liten	unication mark	
magaria di la	ed above may include a certificate of forma interplated to a physician's participation in		ffillation, bylaws, or a lifal group agreement.
elali	ling agreement, management agreement, or I means advancing, furthering, advocaling, i	CONTROL HELD AND FOR	
	The state of the s	ven se making an appointment, obtaining	consent for the elective
abortion, arranging for transpor	lective abortion services for a risy unerco lation, negotialing a reduction in an elective e term does not include providing upon the ling the name; address; telephone humber; a	natient's request neutral, factual informati	on and nondirective
	to a HTW client information that publicizes		
	or or		al-atton that narroms
using, displaying, or operating and	ar a brand name, trademark, service mark, i or Promotes elective a	or registered identification mark vi an orge Bortlons,	
		<b>国际政策的</b> 自然的对象。	eti en tidet telenezetzetzen z. g. ;

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and
  the Texas Health and Human Services Commission (HHSC) or its designee (henceforth,
  "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Da	ate of Certification 1-1-2017 through 08/31/ 2017
Note: Each calendarye	provider must complete a new certification and mail it to TMHP by the end of each ar.
If any of st certification	atements 1 – 5 are not true, you must request an immediate termination of your HTW
	Terminate HTW certification
Signature:	They Timen RN, WHNP-BC
Printed Nar	ne: Sherry Tenison
Title:	Director
Data	1-30-17

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Legal Business Name of Respondent: The Heidi Croup
This certification pertains to the following billing or performing provider:
Provider Name The Heidi Group
Federal Tax ID Number 74-2757919
NPI Number <u>1588018394</u>
If provider does not have an NPI, Submission Date of Medicaid Application
Provider's primary billing address:  Street Address 109 5 Harris St. Swite 210
Street Address City/State/Zip Code Round Rock, TX 18664
Telephone Number <u>5\2-255-2088</u>
Provider's primary physical address:  Street Address 109 S Harris St. Switu 210
Street Address City/State/Zip Code ROUND ROCK TX 78664
Telephone Number 512-255-2088
DEFINITIONS
For the purposes of this certification the following terms are defined as follows:
The term <i>"affiliate"</i> means: An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control;
a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.
The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.
The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- D I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - ☑ I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is true and correct.
- 5.I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Note: Each prov calendaryear.	der must complete a new certification and mail it to TMHP by the end of each
If any of statem certification:	ents 1 – 5 are not true, you must request an immediate termination of your HTW
☐ Terr	ninate HTW certification
Signature:	Juf diet & The Dusi-Lhup
Printed Name: _	Carol Everett
Title:	ef Executive Officer
Date:	January 16, 3017

The Heidi Group

This certification pertains to the following billing or performing provider:

\*\*Rectords\*\* Hearth Care\*\* Time\*\* DRA\*\*

Provider Name Treat Now Family Clinic

Federal Tax ID Number 900 9085 05

NPI Number 1942526785 9roup 1225373244

If provider does not have an NPI, Submission Date of Medicaid Application

Provider's primary billing address:

Street Address 2916 Kraft Street, Suite 60

Street Address City/State/Zip Code Ar 1194010

Telephone Number 877 633 3400

Provider's primary physical address:

Street Address 2916 Kraft Street, Suite 60

Street Address 2916 Kraft Street, Suite 60

Street Address City/State/Zip Code Ar 1194010

Telephone Number 877 633 3400

#### DEFINITIONS

Telephone Number

For the purposes of this certification the following terms are defined as follows:

- The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at feast one written instrument that demonstrates:

common ownership, management, or control;

mon ownership, management, or con a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

turnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Treat Now Found Clinic. I am the provider or, if the provider is an organization, I am the provider's (title or position) President. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Gode, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - ET I affirm that this statement is true and correct.
- I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - AT affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. And affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - ரி affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - A affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any
  HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Certif	ication <u>01/01/17</u>	through	08/31/17	- LIBROWNEOMATT
Note: Each provider mi	ust complete a new c	ertification and mail it to	TMHP by the end o	if each
If any of statements 1 certification:	- 5 are not true, you	must request an immed	liate termination of y	our HTW
C Terminate	HTW certification			
Signature: Can	w or	The first and the configuration of the configuratio	diagnosis de como de c	
Printed Name:	MIL COLINE	- O'Conn		gas agains an Arman com e 4
Title:	(			anner roman romania armonistra per se con deste del de deste del 2000 del 2000 del 2000 del 2000 del 2000 del 2
Date: 4\2				ii.

Legal Business Name of Respondent:

of Respondent:  The Heldi Group
This certification pertains to the following billing or performing provider:  Blue ((out) Health Care Taring
Provider Name Treat now Family Clinic (Mineral Wells)
Federal Tax ID Number 900908505
NPI Number 1099029561
If provider does not have an NPI, Submission Date of Medicald Application
Provider's primary billing address: Street Address 2916 Kvaft St. Suite 60
Street Address City/State/Zip Code Ar ling fon TX 76010
Telephone Number 817-633-34 00
Provider's primary physical address:
Street Address City/State/Zip Code Mineral Wells, TX 76067 Telephone Number 940 - 468 - 4061
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#### DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "alfiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example; taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is <u>Treat Now Family Clinical</u> am the provider or, if the provider is an organization, I am the provider's (title or position) <u>Provider</u>. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - # Taffirm that this statement is true and correct.
- I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - ☐ I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. FT I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
  - All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - e. None of the funds that t, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - टी affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any
  HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- · If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Ce	rtification 01/01/17	through	08/31/17	
Note: Each provider calendar year.	must complete a new certific	ation and mail it to Tf	IHP by the end of each	1
If any of statements certification;	1 – 5 are not true, you must	request an immediate	e termination of your H	ΓW
(1) Termina	ite HTW certification			
Signature:		<u> </u>	-19-BC	
Printed Name:	Sachiko Na	Kashine		
Title:	FM- BC			aller open maje hing gogstellere og oppræte i meg beget
Date:	4/21/1	ung		

Legal Business Name of Respondent:	
	The Heidi Group
*	ns to the following billing or performing provider:
Provider Name	Tyler Family Circle of Care
Federal Tax ID Nur	nber 45-2578435
NPI Numberl	144575820
If provider does	not have an NPI, Submission Date of Medicald Application
Provider's primary billing	ng address:
Street Address	928 North Celenwood
Street Address City	//State/Zip Code /y/cr TX 75702
Telephone Numbe	<u>, 903 4535 - 904)</u>
Provider's primary phys	sical address:
	128 North Glenwood
Street Address City	//State/Zip Code Tyler Texas 15702
Telephone Number	903-535-9041
For the	purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - A l affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - e. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.

I affirm that this statement is true and correct.

5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any
  HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Certification 01/01/17	through	08/31/17	
Note: Each provider must complete a new certification an calendar year.	id mail it to TN	1HP by the end of eac	h
If any of statements $1-5$ are not true, you must request certification:	an immediate	termination of your H	ITW
☐ Terminate HTW certification			
Signature:	Nacy and a sea of the	annunda con sigliki kaki in Antana Antana (Antana annunda annunda annunda annunda annunda annunda annunda annu	
Printed Name: Michael Adams			
Title: CEO	The state of the s		
Date: 4. 25.17			an quanquad quanti a sul distributi de la del

Legal Business	Name
of Contractor:	

# THE HEIDI GROUP

of Contractor:	
This certification pertains to the following billing or performing provider:	
Provider Name Ramiro Leal, MD	
Federal Tax ID Number 26-1404694	
NPI Number 1356304281	
lf provider does not have an NPI, Submission Date of Medicaid Application	
Provider's primary billing address: Street Address 1900 S Jackson Rd S4	
Street Address City/State/Zip Code McAllen, Texas 78503	
Telephone Number 956-971-9930 Provider's primary physical address:	
1900 S Jackson Rd, 84	
Street Address City/State/Zip Code Not Michigan Toxas your	
Telephone Number 956-971-9930	
Portie purposes of this certification the following forms are defined as follows:  The term attifiate means:  An individual or entity that has a logal relationship with another entity, which relationship is created or governous to the following forms are defined as follows:  I least one written instrument that demonstrates:  common ownership, management, or control;  a franchise; or  the granting or extension of a license or offier agreement that authorizes the affiliate to use the other entity shrand name, to mark for other registered identification mark.  The written instruments, referenced above may include a certificate of formation a franchise agreement, standards of affiliate standards of include agreement, standards of affiliate and the include agreement, include agreement, and physician group article agreement.  The form (Fromole* means advancing, furthering, advocating, or popularizing elective abortion, or examinating affiliate includes agreement, or or or or or or or or or of the abortion of the patients are related to the providing upon the patients request relating factual information abortion provide request relating factual information abortion provide request relating factual information abortion provide request relating factual information that publicizes or agreement and other relevant information about a provide of the providence in the patients and other relevant information about a provide or providence in the patients of the patients	irademark; service lation, bylaws, or a al group agreement, iple: nsent for the elective uling an elective and hondirective

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - of affirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - 1 affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - o. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - 7 I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - (1) I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Certification 1-1-2017 through 08/31/ 2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendaryear.
If any of statements 1 $-$ 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature:
Printed Name: Ramiro Leal MD
Tille: Medical Director
Date: 1-27-2017

# Legal Business Name of The Heidi Group/ Women's Wellness Coalition

This certification pertains to the following billing or performing provider:	
Provider Name Cheng Chien SONG mD Federal Tax ID Number 75 - 290-6380	
Federal Tax ID Number 75 - 290 - 6380	
NPI Number 096 44130 2	
If provider does not have an NPI, Submission Date of Medicaid Application	
Provider's primary billing address:	
Street Address 1001 12th Ave. Ste 154	
Street Address City/State/Zip Code For Worlh, TX 76104	*******
Telephone Number 817-810-9997	
Provider's primary physical address:	
Street Address 1001 12th Ave. Ste 154	<b>4</b>
Street Address City/State/Zip Code FORT Worth TY 76/04	
Telephone Number 817 - 810 - 9997	
For the purposes of this certification the following terms are defined as follows  The term "affiliate" means:  An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at loast one written instrument that demonstrates:  common ownership, management or control:  a franchise; or  the granting on extension of a ticense or office agreement that authorizes the affiliate to use the other entity's brandiname.  trademark, service mark, or other registered identification mark.  The "written instruments" referenced apove may include a certificate of formation, a franchise agreement, standards of affiliation, byjaves, or a license, but do not include agreements related to a physician a participation in a physician group	
practice: such as a hospital group agreement staffing agreement, management agreement, or collaborative practice agreement  The term "Fromote" means advancing furthering advocating or oppularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a KTW Client such as making an appointment, pleaning	
onsent for the elective abortion: arranging for transportation, negotiating a reduction in an elective abortion provider fae, or Biranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patients quest neutral, factual information and nonquective counseling, uncluding the name, address, telephone number, and other rejevant information about a provider unushing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider.	
using displaying or operating under a brand name, trademark, service mark, or registered identification mark of an complex algorithms.	

My name is Cheng Chien Son6 MP. I am the provider or, if the provider is an organization, I am the provider's (title or position) Physician Provider. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- I affirm that this statement is true and correct.
- I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - A l affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - (2) I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible
  to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or
  my organization for HTW services until HHSC can make a final determination regarding my
  eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

Effective Date of Certification 01/01/2017 - 08/31/2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: Characteristics Clares
Printed Name: Cheng Chien SONEMO
Title: Physician / President
08/10/2017

01/01/2017 - 08/31/2017

Legal Business Name of The Heidi Group/Women's Wellness Coalition

My name is Maria E Gutierrez

I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO

I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- ✓ I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - ☑ I affirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - ☑ I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or Indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - □ I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - 2 I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible
  to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or
  my organization for HTW services until HHSC can make a final determination regarding my
  eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may
  consider me to have committed fraud or tampered with a government record under the laws
  of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: Manni & Just
Printed Name: Maria Gutierrez
Title: CEO
Date: 08/10/2017

Legal Business Name of The Heidi Group/Women's Wellness Coalition
This certification pertains to the following billing or performing provider:
Provider Name Zohva Sidalqi DD
Federal Tax ID Number 45 7 989 209  NPI Number 45081 2257
NPI Number \95231 22-52
If provider does not have an NPI, Submission Date of Medicaid Application
Provider's primary billing address:
Street Address 200 Medical Center Blvd #102
Street Address City/State/Zip Code incluster 17598
Telephone Number 281 72-4 (21)
Provider's primary physical address:
Provider's primary physical address:  Street Address
Street Address City/State/Zip Code
Telephone Number
DEFINITIONS  For the purposes of this certification the following terms are defined as follows:  The term "attiliate" means:  An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:  common ownership, management, or control;  a franchise; or  the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.  The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group
practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.  The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotialing a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the ferm does not include providing upon the patient's equest neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;
using, displaying, or operating under a brand name, trademark, service mark, or registered latentification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - ☑ I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
- 5.I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible
  to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or
  my organization for HTW services until HHSC can make a final determination regarding my
  eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification	on01/01/2017 - 08/31/2017
	complete a new certification and mail it to TMHP by the end of each calendar
If any of statements 1 – 5 a certification:	are not true, you must request an immediate termination of your HTW
☐ Terminate HTV	V certification
Signature;	Moissocia
Printed Name;	Zohra F. Siddizi DO
Title;	Physician /Owner
Date:0	8/10/2017

Legal Business Name of Respondent:

The Heidi Group / Women's Wellness Coalition

#### **DEFINITIONS**

For the purposes of this certification the following terms are defined as follows:

The term "affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- A l affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - A l affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - k l affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification01/01/2017 - 08/31/2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: MCCARPY  Printed Name: DNNIE A. McCRAPY
Title:CEO
Date:08/10/2017



### FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Respondent:  Clinic Site #		
Appropriate signage to identify funded entity?	Yes	□ No
Space for clinical and administrative staff?	Yeş	□ No
Locked storage for charts, records, medications and medical supplies?	Yes	□ No
Proper disposal for medical waste?	Yes	□ No
CLIA certification for level of tests performed?	✓ Yes	□ No
Handicap-accessible clinic sites that are geographically close to target population?	V Yes	∏ No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	Yes	No
Appropriate emergency policies/procedures and supplies as applicable?	マ Yes	
Appropriate use of interpreter services and language translation (including resources for both)?	V Yes	No
Compliance with ADA requirements?	✓ Yes	L No

Financial management systems including secure data storage?

### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Na Respondent:	me of	THe	Heidi G	roup/ Heritage	HealthCare Cli	nic 
Clinic Site #						
CLINIC SITE INFOR		complete this	form foi	·EACH clinic s	ite that <b>w</b> ill pr	ovide HTW
	A	ll informatio	n must	be accurate.*		
Name: Heri	tage H	ealthCa	are (	Clinic		
Street Address: 1475 H	eritage Parl	(way			;	Suite : 225
City: <u>Mans</u>	sfield	County: <u>Tar</u>	rant	Zip Code:	<u>76063</u>	HSR:
Clinic APPOI NTMEN	T Phone #: {	317-453-752	22			
Clinic PRI MAR	Y Phone #: 8	17-453-752	2	Fax: 1-	-866-665-66	59
Service Area (counties to be Tari served):	rant, Johns	on and Dalla	as			
Contact Person:	Maria Goe	rty Nwiloh,				
Pharmacy License #:	no	Class:	Ap	plied: Mou	AKIN.	Harmacy
TPI#: 3483794		NPI#:	138606	88104 clinic/	personal 17	40604560
Submission date of Me	edicaid Appli	cation:				
Subcontra	actor Site:	<b>✓</b> Yes		No		
Mo	obile Site:	Yes	V	No		•
CLINIC HOURS						
DAY		HOURS	OF OF	PERATION		

#### Evening (after 5pm) Morning Afternoon From From То From То То 12 **MONDAY** 8 5 1 5 TUESDAY 12 8 1 WEDNESDAY 12 8 1 5 THURSDAY 12 1 8 5 FRIDAY 8 12 1 5 SATURDAY SUNDAY TOTAL HRS/MONTH

Legal Business Name of Respondent: The Heidi Group This certification pertains to the following billing or performing provider: Provider Name Federal Tax ID Number NPI Number If provider does not have an NPI, Submission Date of Medicaid Application Provider's primary billing address Street Address Street Address City/State/Zip Code Telephone Number Provider's primary physical addres Street Address Street Address City/State/Zip Code Telephone Number DEFINITIONS For the purposes of this certification the following terms are defined as follows: The term "affiliate" means: An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates: common ownership, management, or control; a franchise; or the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark. The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement. The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider; using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an

organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

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- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - '\( \) I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
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  determination regarding my eligibility.
- · If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of C	ertification <u>01/01/17</u>	through	08/31/17
Note: Each provide calendar year.	r must complete a new certificati	ion and mail it to TN	IHP by the end of each
If any of statement certification:	ts 1 – 5 are not true, you must re	quest an immediate	termination of your HTW
☐ Termir	nate HTW certification		
Signature:	Mowitch		
Printed Name:		Nailul	
Title:	Nurse Practition	oner (fam	ily)
Date: A/a	6/17		

### FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:  The Heidi Group/ Tyler Family Circle of Care - Athe Clinic Site #	ns	
Appropriate signage to identify funded entity?	Yes	No
Space for clinical and administrative staff?	Yes	No
Locked storage for charts, records, medications and medical supplies?	Yes	No
Proper disposal for medical waste?	√ Yes	No
CLIA certification for level of tests performed?	マ Yes	□ No
Handicap-accessible clinic sites that are geographically close to target population?	V Yes	No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	Ves	□ No
Appropriate emergency policies/procedures and supplies as applicable?	Yes	No
Appropriate use of interpreter services and language translation (including resources for both)?	Yes	No
Compliance with ADA requirements?	Yes	No
Financial management systems including secure data storage?	Yes	No

### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:	The Heidi Group/ Tyler Family Circle of Care - Athens
Clinic Site #	

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

	<del>'</del>	All IIII OI III aaa oi i	illadi be abbalate.			
Clinic Name:	Tyler Family Cir	cle of Care				
Street Address:	1001 North Pale	1001 North Palestine Street				
City: At	hens	County: Hende	erson Zip Code: 78751	HSR: 4		
Clinic APPOIN	TMENT Phone #:	903-541-2700				
Clinic PF	RIMARY Phone #:	903-541-2700	Fax:	3 - (1)/31/11/4-1000		
Service Area (counties to be served,	e	- 1 5-1				
Contact Person: Jennifer Blake						
Pharmacy License #: Class: D Applied April, 2017				H11		
TPI#: 3111:	52810	NPI#: 1	144575820			
Submission da	Submission date of Medicaid Application:					
Su	bcontractor Site:	X Yes	☐ No			
	Mobile Site:	Yes	X No ·			

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	То	From	То	From	То
MONDAY	8	12	1	5		
TUESDAY	8	12	1	5		
WEDNESDAY	8	12	1	5		
THURSDAY	8	12	1	5	11.00	7999
FRIDAY	8	12	1	5		
SATURDAY	17.0					
SUNDAY						
TOTAL HRS/MONTH						

Legal Business Name of Respondent: The Heidi Group This certification pertains to the following billing or performing provider: Federal Tax ID Number NPI Number If provider does not have an NPI, Submission Date of Medicaid Application Provider's primary billing address: Street Address Street Address City/State/Zip Code Telephone Number Provider's primary physical address: Street Address Street Address City/State/Zip Telephone Number **DEFINITIONS** For the purposes of this certification the following terms are defined as follows: The term "affiliate" means: An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by a least one written instrument that demonstrates; common ownership, management, or control;

a franchise; or

the granting or extension of a license or other agreement that authorizes the affillate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;

furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - X I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - X I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.

1 affirm that this statement is true and correct.

5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- · If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/01/17	through _	08/31/17	-
Note: Each provider must complete a new certification calendar year.	n and mail it to TN	IHP by the end of e	each
If any of statements 1 – 5 are not true, you must requ certification:	iest an immediate	e termination of you	r HTW
☐ Terminate HTW certification			
Signature:			
Printed Name: Michael Adams			waterspecies and
Title: CEO			
Date: 4. 25.17			

### FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:  The Heidi Group/ Tyler Family Circle of Ca	are - Jacks	onville
Clinic Site #		
Appropriate signage to identify funded entity?	Yes	No
Space for clinical and administrative staff?	X Yes	No
Locked storage for charts, records, medications and medical supplies?	Yes	No
Proper disposal for medical waste?	Yes	□ No
CLIA certification for level of tests performed?	Yes	□ No
Handicap-accessible clinic sites that are geographically close to target population?	Yes	No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	X Yes	□ No
Appropriate emergency policies/procedures and supplies as applicable?	Yes	□ No
Appropriate use of interpreter services and language translation (including resources for both)?	X Yes	No
Compliance with ADA requirements?	Yes	□ No
Financial management systems including secure data storage?	X Yes	No

### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of Respondent:	The Heidi Group/ Tyler Family Circle of Care - Jacksonville
Clinic Site #	

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

Clinic Name:	Tyler Family Circ	cle of Care				
Street Address:	510 East Comm	nunity St.	Suite :			
C <b>i</b> ty:	Jacksonville	County: Cherokee Zip Code: 75766	HSR: 4			
Clinic APPOI	NTMENT Phone #:	903-541-2700				
Clinic F	PRIMARY Phone #:	903-541-2700 Fax:	3 - 11031111 - 1103			
(counties to	Service Area Cherokee, Rusk, Vanzandt (counties to be served):					
ekonologija diperiodologija (19						
Contact	Person: Tandra	Bryner				
Pharmacy Lic	cense #:	Class: D Applied 1/25/2017	many .			
TPI#: 311	152810	NPI#: 1144575820				
Submission of	late of Medicaid App	plication:				
S	Subcontractor Site:	X Yes  No				
	Mobile Site:	Yes X No				

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	То	From	То	From	То
MONDAY	8	12	1	5		
TUESDAY	8	12	1	5		
WEDNESDAY	8	12	1	5		
THURSDAY	8	12	1	5	11.00	717 - 11 (1) TO 10
FRIDAY	8	12	1	5		
SATURDAY	10.0					
SUNDAY						
TOTAL HRS/MONTH						

Legal Business Name of Respondent:	
The Heidi Group	
This certification pertains to the following billing or performing provider:	
Provider Name Tyler Family Circle of Care	
Federal Tax ID Number 45-8578435	
NPI Number 1144 575820	
If provider does not have an NPI, Submission Date of Medicaid Application	
Provider's primary billing address:  Street Address 510 £ a 51 Commerce	
Street Address City/State/Zip Code Tacksonville TX 75766	I
Telephone Number 903-547-2100	
Provider's primary physical address:	
Street Address 510 East Commerce Street	
Street Address City/State/Zip Code Jacksonville TX 75766	
Telephone Number 903-541-2700	
DEFINITIONS AND ADDRESS OF THE PROPERTY OF THE	
For the purposes of this certification the following terms are defined as follows:	٠,
For the bulboses of this certification the totownia territorial and comment as in the control of	
The term "affiliate" means:	
An individual or entity that has a legal relationship with another entity, which relationship is created or governed by a least one written instrument that demonstrates: common ownership, management, or control;	i <b>t</b>
a franchise; or	
the granting or extension of a license or other agreement that authorizes the affiliate to use the other entity's brand nate trademark, service mark, or other registered identification mark.	1116
The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards o	of
affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.	ıp
The term "Promote" means advancing furthering advarating or popularizing elective abortion by, for example:	

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a HTW client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other

relevant information about a provider; furnishing or displaying to a HTW client information that publicizes or advertises an elective abortion service or provider;

or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions. I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - | affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - 💢 I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW. I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.

I affirm that this statement is true and correct.

5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

I affirm that this statement is true and correct.

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

	Effective Date of Certification 01/01/17	through _	08/31/17
1	Note: Each provider must complete a new certification calendar year.	and mail it to TI	MHP by the end of each
	If any of statements 1 – 5 are not true, you must reque certification:	est an immediat	e termination of your HTW
	☐ Terminate HTW certification		
	Signature:	foods -	
	Printed Name: Michael Adams		
	Title: CEO		
	Date: 4. 25.17		

### FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:	The Heidi Group / Women's Wellness Coalition
Clinic Site #	Michael A. McFarland, M.D.

Appropriate signage to identify funded entity?	Yes	No
Space for clinical and administrative staff?	Yes	No
Locked storage for charts, records, medications and medical supplies?	Yes	No
Proper disposal for medical waste?	Yes	No
CLIA certification for level of tests performed?	Yes	No
Handicap-accessible clinic sites that are geographically close to target population?	X Yes	No
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait?	X Yes	□ No
Appropriate emergency policies/procedures and supplies as applicable?	Yes	No
Appropriate use of interpreter services and language translation (including resources for both)?	Yes	No
Compliance with ADA requirements?	Yes	No
Financial management systems including secure data storage?	X	No

#### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

**Legal Business Name of** 

Respondent: The Heidi Group / Women's Wellness Coalition

#### Clinic Site #

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

						-		
Clinic Name:	Michael A. Mo	Farland	, M.D.					
Street Address:	1105 Oak Stre	eet					Suite: A	
City:	Jourdanton	County	/: Atasc	osa	Zip Code:	78026	HSR: 8, 11	
Clinic APPOINT	MENT Phone #:	830-769	9-2181					
Clinic PRIM	MARY Phone #:	830-769	9-2181		Fax:	830-769-28	858	
Service Area (counties to be served):	Atascosa, McN	/lullin, W	ilson, B	exar				
Contact Per	son: Melinda	Alaniz						
Pharmacy Licens	se #: NA		Class:	NA				
TPI#: 1355208-	01		NPI#:	14079	34797			
Submission date of Medicaid Application:								
Subc	contractor Site:	X	Yes		No			
	Mobile Site:		Yes	X	No			

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION						
	Morning		Afternoon		Evening (after 5pm)		
	From	То	From	То	From	То	
MONDAY	8:30	12	1:30	5			
TUESDAY	8:30	12	1:30	5			
WEDNESDAY	8:30	12	1:30	5			
THURSDAY	8:30	12	1:30	5			
FRIDAY	8:30	12	1:30	5			
SATURDAY							
SUNDAY							
TOTAL HRS/MONTH	70		70				

Legal Business Name of Respondent:

# THE HEIDI GROUP

or Kespondent.							
This certification pertains to the	e following billing or performing provider:						
Provider NameMichael McFarland, MD							
Federal Tax ID Number							
NPI Number1407934797							
If provider does not have a	n NPI, Submission Date of Medicaid Application						
Provider's primary billing address	ss:						
Street Address	1105 Oak Street, Ste A						
Street Address City/State/Z	Zip Code						
Telephone Number	830-769-2181						
Provider's primary physical add	dress:						
	1105 Oak Street, Ste A						
Street Address City/State/Z	Zip Code Jourdanton, Tx 78026						
Telephone Number	830769-2181						
	DEFINITIONS						
For the purposes of	of this certification the following terms are defined as follows:						
le C	The term "affiliate" means: al relationship with another entity, which relationship is created or governed by at east one written instrument that demonstrates: ommon ownership, management, or control; a franchise; or						
the granting or extension of a license of trademark,	r other agreement that authorizes the affiliate to use the other entity's brand name, service mark, or other registered identification mark.						
affiliation, bylaws, or a license, but do	above may include a certificate of formation, a franchise agreement, standards of not include agreements related to a physician's participation in a physician group greement, staffing agreement, management agreement, or collaborative practice agreement.						
taking affirmative action to secure elec consent for the elective abortion, arrangi arranging or scheduling an elective aborequest neutral, factual information and	cing, furthering, advocating, or popularizing elective abortion by, for example: tive abortion services for a HTW client (such as making an appointment, obtaining ing for transportation, negotiating a reduction in an elective abortion provider fee, or ortion procedure); however, the term does not include providing upon the patient's nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; t information that publicizes or advertises an elective abortion service or provider;						
or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.							

My name is	Michael McFar	•	I am the provider or, if	the provider is
an organization, I	am the provider's (tit	le or position)	physician/owne	r . lam
of sound mind, ca	pable of making this	certification, and	ı am personally acquaint	ea with the
facts stated here.	If I am representing	an organizationa	l provider, I am authorized	to make this
certification on the	e provider's behalf. T	hroughout the re	emainder of this document	the word "I"
will represent the	individual provider th	at is completing	this form or the organization	onal provider
on whose behalf	the form is being com	pleted. If this for	m is being completed on t	pehalf of an
organizational pro	ovider, the word "I" is	inclusive of the c	organization, owners, office	∍rs,
employees, and v	olunteers, or any con	nbination of thes	e.	

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- 🗷 I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - A l affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - A l affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - ✓ I affirm that this statement is true and correct.
- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - A l affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-1-2017 through 08/31/ 2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 $-$ 5 are not true, you must request an immediate termination of your HTW certification:
Terminate HTW certification  Signature:
Printed Name: Michael McFarland, MD
Title: Physician/owner
Date: 2-16-2017

.

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:	The Heidi Group		
Clinic Site #	Rio Grande Women's Clinic - Alamo		
Appropriate signage to ident	tify funded entity?	Yes	No
Space for clinical and admir	istrative staff?	Yes	No
Locked storage for charts, re	ecords, medications and medical supplies?	Yes	No
Proper disposal for medical	Yes	No	
CLIA certification for level of	tests performed?	Yes	No
Handicap-accessible clinic s population?	sites that are geographically close to target	X Yes	□ No
	re services can be delivered with clean exam le, and a place for clients to wait?	X Yes	□ No
Appropriate emergency police	cies/procedures and supplies as applicable?	X Yes	No
Appropriate use of interprete resources for both)?	er services and language translation (including	X Yes	□ No
Compliance with ADA require	rements?	Yes	No
Financial management systematics	ems including secure data storage?	X Yes	No

#### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

#### Clinic Site #

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

		****				<u> </u>		
Clinic Name:	Rio Grande W	omen's (	Clinic -	Alamo				
Street Address:	427 E Duranta	Avenue					Suite: 108	
City:	Alamo	County	: Hidal	go	Zip Code:	78516	HSR: 11	
Clinic APPOINTM	MENT Phone #:	956-632	-6193					
Clinic PRIM	MARY Phone #:	956-632	-6193		Fax:			
Service Area (counties to be served):	Hidalgo							
Contact Per	son: Yoli Ca	/azos						
Pharmacy Licens	se #: 6693		Class:	CS				
TPI#: 07079450	)4		NPI#:	16199	24719			
Submission date of Medicaid Application:								
Subc	contractor Site:	X	Yes		No			
	Mobile Site:		Yes	X	No			

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION						
	Morr	ning	Afternoon		Evening (after 5pm)		
	From	То	From	То	From	То	
MONDAY	8:00			5			
TUESDAY	8:00			5			
WEDNESDAY	8:00			5			
THURSDAY	8:00			5			
FRIDAY	8:00			5			
SATURDAY							
SUNDAY							
TOTAL HRS/MONTH	180						

# **Healthy Texas Women Certification**

Legal Business Name of Contractor:	THE HEIDI GROUP	
This certification pertain	ns to the following billing or performing provider:	
Provider Name	Norma Mendiola Rio Grande Wome's	linic
NPI Number19	42608963	
If provider does not Provider's primary billing	have an NPI, Submission Date of Medicaid Application	
Street Address City	/State/Zip Code <u>Alamo, Texas 78516</u> 956-787-0770	·
Provider's primary physics Street Address	ical address: 427 E Duranta Ave	CONTRACTOR V
Street Address City	/State/Zip Code <u>Alamo, Texas 78516</u> 956-787-0770	
	DEFINITIONS	no tuo filingan
	For the purposes of this certification the following terms are defined as follow	ka:
	The term "affiliate" means:	** The state of th
An Individual or e	ntity that has a legal relationship with another entity, which relationship is cr	fated or governed by at
	least one written instrument that demonstrates:	
•	common ownership, management, or control;	
	a franchise; or	** · · · · · · · · · · · · · · · · · ·
the granting or extension of a	icense or other agreement that authorizes the affiliate to use the other entity's mark, or other registered identification mark.	brand name, trademark, service
license, but do not include agre-	enced above may include a certificate of formation, a franchise agreement, si ements related to a physician's participation in a physician group practice, su staffing agreement, management agreement, or collaborative practice agreems	¢h as a hospital group agreement,
The term "Prome	ote" means advancing, furthering, advocating, or popularizing elective aborti	n by, for example:
abortion, arranging for transpather abortion procedure); however	re elective abortion services for a HTW client (such as making an appointmen portation, negotiating a reduction in an elective abortion provider fee, or arrai , the term does not include providing upon the patient's request neutral, facti luding the name, address, felaphone number, and other relevant information	iging or scheduling an elective Jal Information and nondirective
furnishing or displayi	ng to a HTW client information that publicizes or advertises an elective abort	on service or provider;
	or .	***************************************
using, displaying, or operating u	nder a brand name, trademark, service mark, or registered identification mar	k of an organization that performs

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- 1 affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an eritity that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - ## I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
  - All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance of promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

in addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- f, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this celtification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the HTW Program, HHSC may place a payment hold on claims submitted by me or my organization for HTW services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTV Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/1/17 through 08/31/ 2017	
Note: Each provider must complete a new certification and mail it to TMHP by the end of e catendaryear.	each
If any of statements - 5 are not true, you must request an immediate termination of you certification:	r HTW
☐ Terminate HTW certification	
Signature: Murma Mendiola	
Printed Name; Norma Mendiola	
Tille: Nurse Practitioner	
Tille: Nurse Practitioner	
Date 1/27/17	
	,
No. Company of the Co	

# FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:							
Clinic Site #	Rio Grande Women's Clinic - Edinbu	Rio Grande Women's Clinic - Edinburg					
Appropriate signage to ide	entify funded entity?	Yes	No				
Space for clinical and adn	ninistrative staff?	Yes	No				
Locked storage for charts	, records, medications and medical supplies?	Yes	No				
Proper disposal for medic	X Yes	No					
CLIA certification for level	X Yes	No					
Handicap-accessible clinic population?	c sites that are geographically close to target	X Yes	□ No				
Appropriate facility(ies) who rooms, space for client into	X Yes	□ No					
Appropriate emergency p	Yes	No					
Appropriate use of interpr resources for both)?	eter services and language translation (including	X Yes	□ No				
Compliance with ADA req	uirements?	Yes	No				
Financial management sy	stems including secure data storage?	X Yes	No				

#### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of	The Heidi Group/ Rio Grande Women's Clinic - Edinburg
Respondent:	The Heldi Group/ No Grande Worner's Clinic - Edinburg

#### Clinic Site #

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

Clinic Name:	Rio Grande W	/omen's C	linic -	Edinbu	ırg			
Street Address:	2502 E. Richa	rdson Rd.					Suite :	
City:	Edinburg	County:	Hidal	go	Zip Code:	78542	HSR: 11	
Clinic APPOINT	MENT Phone #:	956-380-4	4477					
Clinic PRIM	MARY Phone #:	956-380-4	4477		Fax:			
Service Area (counties to be served):	Hidalgo							
Contact Per	son: Matt Wo	olthoff						
Pharmacy Licens	se #: 6693	С	class:	CS				
TPI#: 31193800	)1	N	IPI#:	16199	24719			
Submission date of Medicaid Application:								
Subc	contractor Site:	XY	'es		No			
	Mobile Site:	Y	'es	X	No			_

#### **CLINIC HOURS**

OLIMO MOCINO							
DAY	HOURS OF OPERATION						
	Morr	ning	Afternoon		Evening (after 5pm)		
	From	То	From	То	From	То	
MONDAY	8:00			5			
TUESDAY	8:00			5			
WEDNESDAY	8:00			5			
THURSDAY	8:00			5			
FRIDAY	8:00			5			
SATURDAY							
SUNDAY							
TOTAL	180						
HRS/MONTH							

# Healthy Texas Women Certification

Legal Business Name of Contractor:	THE	IEIDI GROUP	
This certification perta	ains to the following billing or	performing provider:	0.4
Provider Name	Irma Marriott, RNC, WHNP	/ Rio Grande L	Domens Clinic
	mber 62-1656022	•	
NPI Number		•	
Provider's primary billi Street Address	2502 E Richardson		
Street Address Ci	ty/State/Zip CodeEdinbu	urg, Texas 78541	1
Telephone Numb	er 956-380-4477	1	
Provider's primary phy	ysical address: 2502 F Richardso	h	
Of the Authorite Of	Edin	burg, Texas 78541	
Telephone Numbe	er 956-380-4477		
		DEFINITIONS	
	For the purposes of this certificat	I	i l ned as follows:
		m "affiliale" means:	The second secon
An individual o	r entity that has a legal relationship	; with another entity, which relatio	niship is created or governed by at
		;   Instrument that demonstrates:	•
	common owners	; hip, management, or control;	
	a	franchise; or	
the granting or extension of	a license or other agreement that au mark, or other n	i. thorizes the affillate to use the c glistered identification mark.	ther entity's brand name, trademark, service
license, but do not include aç	preements related to a physician's pa staffing agreement, management a	dicement, or collaborative braci	
The term "Pro	mote" means advancing, furthering,	advocating, or popularizing ele	clive abortion by, for example:
abortion, arranging for tra		in an elective abortion provider tha upon the patlent's request r	appointment, obtaining consent for the elective fee, or arranging or scheduling an elective eutral, factual information and nondirective information about a provider;
furnishing or displ	aying to a HTW client information th	: at publicizes or advertises an el	ective abortion service or provider;
		or	
ıslng, displaying, or operatin	g under a brand name, trademark, so or Promot	ivvice mark, or registered identi es elective abortions. i	ication mark of an organization that performs
		;	

	:	
My name is Irma Marriott an organization, I am the provider's (title or position sound mind, capable of making this certification, a stated here. If I am representing an organizational certification on the provider's behalf. Throughout represent the individual provider that is completing whose behalf the form is being completed. If this organizational provider, the word "I" is inclusive of and volunteers, or any combination of these.	ind I am personally acquainted with the provider, I am authorized to make the theorem of this document, the value form or the organizational provious being completed on behalf of the completed of the complete	_,   am of he facts is vord "I" will der on an
I understand that, under Texas Human Resource rules in the Texas Administrative Code, I am not oprogram for services if I perform or Promote Elective Abortions.	jualified to participate in HTW; or to b	oill the
By checking the boxes under each statement bek true. I understand that my failure to mark each of representation that the statement is false;		
<ol> <li>I do not, nor do any of my organization's Abortions.</li> <li>In affirm that this statement is true and compared to the statement of the state</li></ol>		Elective
<ol><li>I am not, nor are any of my organization's s performs or Promotes Elective Abortions,</li></ol>	1	/ that
☑ I affirm that this statement is true and c	prect.	
3. In offering or performing a HTW service, I desubcontractors, Promote Elective Abortion	within the scope of HTW.	\$
Abortions.  Abortions.  It affirm that this statement is true and complete and complete and an area and an area and an area and a statement is true and complete affirm that this statement is true and complete and a statement is true and complete and complet	prect. ubcontractors, an Affiliate of an entity prect. o not, nor do any of my organization's	/ that

- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does πot have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - 12 I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may
  consider me to have committed fraud or tampered with a government record under the
  laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

,	201-3	
Effective Date of Certification January	44hrough 08/31/ 20	17
Note: Each provider must complete a new certificalendaryear.	l ication and mail it to TM	HP by the end of each
If any of statements 1 – 5 are not true, you must certification;	st request an immediate	termination of your HTW
¬ Terminate HTW certification		
Signature Une Mauota	<del>Ļ</del>	
Printed Name: Irma Marrid		
Title UP		
Date: 127/17		

## FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:	The Heidi Group		
Clinic Site #	Rio Grande Women's Clinic - La Joya	a	
Appropriate signage to iden	tify funded entity?	Yes	No
Space for clinical and admir	nistrative staff?	Yes	No
Locked storage for charts, re	ecords, medications and medical supplies?	Yes	No
Proper disposal for medical	waste?	X Yes	No
CLIA certification for level of	f tests performed?	Yes	No
Handicap-accessible clinic spopulation?	sites that are geographically close to target	X Yes	□ No
	re services can be delivered with clean exam ce, and a place for clients to wait?	X Yes	No
Appropriate emergency poli	cies/procedures and supplies as applicable?	X Yes	No
Appropriate use of interpretores for both)?	er services and language translation (including	X Yes	□ No
Compliance with ADA requi	rements?	Yes	No
Financial management syst	ems including secure data storage?	X Yes	No

#### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of	The Heidi Group/ Rio Grand Women's Clinic - La Joya
Respondent:	The Heldi Gloup/ No Grand Women's Gillio - La Joya

#### Clinic Site #

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

Clinic Name:	Rio Grande V	/omen's Clinic -	La Joy	а		
Street Address:	1/4 Mile W. Bu	uena Vista & Hv	vy 83			Suite :
City:	La Joya	County: Hida	lgo	Zip Code:	78560	HSR: 11
Clinic APPOINTI	MENT Phone #:	956-583-2646				
Clinic PRI	MARY Phone #:	956-583-2646		Fax:		
Service Area (counties to be served):	Hidalgo					
Contact Per	son: Matt Wo	olthoff				
Pharmacy Licens	se #: 6693	Class:	CS			
TPI#: 17111860	)2	NPI#:	16199	24719		
Submission date	of Medicaid App	olication:				
Subo	contractor Site:	X Yes		No		
	Mobile Site:	Yes	X	No		

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION								
	Morr	ning	After	noon	Evening (a	after 5pm)			
	From	То	From	То	From	То			
MONDAY	8:00			5					
TUESDAY	8:00			5					
WEDNESDAY	8:00			5					
THURSDAY	8:00			5					
FRIDAY	8:00			5					
SATURDAY									
SUNDAY									
TOTAL HRS/MONTH	180								

# Healthy Texas Women Certification

Legal Business Name of Respondent:	THE HEIDI GROUP	1		
•	ns to the following billing or	·		
Provider Name	Diana Delga	do Rio Gr	anda Women's	Clinic
Federal Tax ID Num	iber <u>62-16560</u>	522		
	60421937			
	have an NPI, Submission E	l Çate of Medicald Appli	cation	
Provider's primary billing	g address:	Transmission (Inc.		
	rile W. Buena			
Street Address City	/State/Zip Code La I	oya, Tx 7854	<i>,</i>	
Telephone Number	1.956) 583-22	46		4
Provider's primary phys	lcal address;			
Street Address 📈	4 Mile W. Buena	Vista + Hwy	83, Ste. 5B	·c
Street Address City	/State/Zip Code <u>La Jo</u> (956) 583-21	ya, Tx 7\$54	<i>Ó</i>	
Telephone Number	(956) 583-21	46	- 1,331,638433418	
			:	
	DEFINITIO	NS 		
For the p	urposes of this certification the foll	wing terms are defined as f	ollows:	
An individual or entity that	The term <i>"effiliate</i> has a legal relationship with anothe least one witten instrumen common ownership, manag	r entity, which relationship to that demonstrates:	is created or governed by	at .
the granting or extension of a	a franchise; license or other agreement that auti ademark, service mark, or other rec	or horizes the affiliate to use th	e other entity's brand nam	ne,
affiliation, bylaws, or a licens	lerenced above may include a certif e, but do not include agreements fo I group agreement, staffing agreement agreement	lated to a physician's partici int, management agreement	pation in a physician grou	IP .
taking affirmative action to so consent for the elective abortion consent for the elective abortion engaging or scheduling an electron	is advancing, furthoring, advocating cure elective abortion services for a ranging for transportation, negocitive abortion procedure); flowave tion and nondirective counseling, in relevant information abortion and nondirective counseling.	a HTW ollent (such as making tlating a reduction in an elec , the term does not include houding the name address	g an appointment, obtainir ctive aboution provider fee providing upon the patien telephone number and n	o, or Its ther
	i w chent intormation that publicize or Ing under a brand name, trademark			
ម១អេដី! កានតែធវិអេជី! ស ០៦ឧបុប	organization that performs or Pror	notes elective abortions.	mondatograph plants of mi	-

My name is <u>lana</u> <u>leland</u>. I am the provider or, if the provider is an organization, I am the provider's (title or position) <u>remineral Murse Practition</u> am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- M I affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - If I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, in particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may
  consider me to have committed fraud or tampered with a government record under the
  laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification Table 1, 2017 through 08/31/ 3017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: Diana Walqada,
Printed Name: Diana Delgado
Tille: APRN, Parinatal Murse Practitioner
Date: 30, 2017

# FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:	The Heidi Group							
Clinic Site # Rio Grande Women's Clinic - McAllen								
Appropriate signage to id	lentify funded entity?	Yes	No					
Space for clinical and ad	ministrative staff?	Yes	No					
Locked storage for charts	s, records, medications and medical supplies?	Yes	No					
Proper disposal for medic	X Yes	No						
CLIA certification for leve	Yes	No						
Handicap-accessible clin population?	ic sites that are geographically close to target	X Yes	□ No					
• • • • • • • • • • • • • • • • • • • •	where services can be delivered with clean examutake, and a place for clients to wait?	X Yes	No					
Appropriate emergency p	X Yes	No						
Appropriate use of interp resources for both)?	reter services and language translation (including	X Yes	□ No					
Compliance with ADA red	quirements?	Yes	No					
Financial management s	ystems including secure data storage?	Yes	No					

#### FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Name of	The Heidi Group/ Rio Grande Women's Clinic - McAllen
Respondent:	<u> </u>

#### Clinic Site #

**CLINIC SITE INFORMATION:** Complete this form for EACH clinic site that will provide HTW services funded under this RFP.

#### All information must be accurate.\*

Clinic Name:	Rio Grande V	/omen's	Clinic -	McAlle	n		
Street Address:	222 E Ridge F	Road					Suite: 101
City:	McAllen	County	y: Hidal	go	Zip Code:	78501	HSR: 11
Clinic APPOINT	MENT Phone #:	956-632	2-6032				
Clinic PRIM	MARY Phone #:	956-632	2-6032		Fax:		
Service Area (counties to be served):	Hidalgo						
Contact Per	son: Matt Wo	olthoff					
Pharmacy Licens	se #: 6693		Class:	CS			
TPI#: 11271690	)4		NPI#:	16199	24719		
Submission date	of Medicaid App	olication:					
Subc	contractor Site:	X	Yes		No		
	Mobile Site:		Yes	X	No		

#### **CLINIC HOURS**

DAY	HOURS OF OPERATION								
	Morr	ning	After	noon	Evening (a	after 5pm)			
	From	То	From	То	From	То			
MONDAY	8:00			5					
TUESDAY	8:00			5					
WEDNESDAY	8:00			5					
THURSDAY	8:00			5					
FRIDAY	8:00			5					
SATURDAY									
SUNDAY									
TOTAL HRS/MONTH	180								

# Healthy Texas Women Certification

Legal Business Name of Contractor:	THE HEIDI GROUP
This certification pertains to th	e following billing or performing provider:
Provider Name Juanit	a Vela Garcia / Rio Grande Women's Clinic
Federal Tax ID Number	62-1656022
NPI Number1770	531287
	n NPI, Submission Date of Medicaid Application
Provider's primary billing address	
	East Ridge Rd., Suite 101
•	Zip Code <u>McAllen, Texas 78503</u>
Telephone Number	
Provider's primary physical ad Street Address222	East Ridge Rd., Suite 101
Street Address City/State/	Zip CodeMcAllen, Texas 78503
Telephone Number	
For the	DEFINITIONS  purposes of this certification the following terms are defined as follows:  The term "affiliate" means:  thas a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates;  common ownership, management; or control;  a franchise; or
	mark, or other registered identification mark;
license, but do not include agreements staffing a	pove may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a related to a physician's participation in a physician group practice, such as a hospital group agreement, greement, management agreement, or collaborative practice agreement. Ins advancing, furthering, advocating, or popularizing elective abortion by, for example:
aking affirmative action to secure electi abortion, arranging for transportation abortion procedure); however, the ter pounseling, including t	re abortion services for a HTW client (such as making an appointment, obtaining consent for the elective i, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective a does not include providing upon the patient's request neutral, factual information and nondirective ne name, address, telephone number, and other relevant information about a provider;
	TTW client information that publicizes or advertises an elective abortion service or provider; or reand name, trademark, service mark, or registered identification mark of an organization that performs.

My name is remarks V. James I am the provider or, if the provider is an organization, I am the provider's (title or position) was fraction of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- 1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
  - affirm that this statement is true and correct.
- 2. I am not, nor are any of my or anization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - affirm that this statement is true and correct.
- 3. In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - Taffirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity, In particular;
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities:
  - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - If affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program:
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1-5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1 1 17 through 08/31/17
Note: Each provider must complete a new certification and mall it to TMHP by the end of each calendaryear.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature: granita V. Karcin
Printed Name: Juanita V. Garcia
Title: APRN-BC
Date: 1/27 / 17

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# FORM K: HEALTHY TEXAS WOMEN CLINIC SITE READINESS

Legal Business Name of Respondent:	THE HEIDI GROUP		
Clinic Site #	Bryan Medical Associ	iates	
Appropriate signage to Identify	7	Yes	□   No
Space for clinical and administra	ative staff?	Yes	D   No
Locked storage for charts, recor	rds, medications and medical supplies?	Yes	No No
Proper disposal for medical was	ste?	Yes,	No
CLIA certification for level of tes	ts performed?	Yes	No
Handicap-accessible clinic sites population?	that are geographically close to target	Yes	No
Appropriate facility(ies) where so rooms, space for client intake, a	ervices can be delivered with clean exam nd a place for clients to wait?	Yes	No
Appropriate emergency policies	/procedures and supplies as applicable?	Yes	No
Appropriate use of interpreter se resources for both)?	ervices and language translation (including	Yes	No
Compliance with ADA requirement	ents?	Yes	No
Financial management systems	including secure data storage?	☑ Yes	No

## FORM K-1: HEALTHY TEXAS WOMEN CLINIC SITES

Legal Business Nan Respondent:	ne of		The Hei	di Group	/ Bryan Me	dical Associ	iates	
Clinic Site #		i						
CLINIC SITE INFOF services funded und			ete this fo	orm for EA	.CH clinic sit	e that will prov	vide HTW	
		All info	ormation	must be	accurate.*			
Clinic Name: BY	Mar	M	edi (	al	ass	Derati	ls	
Street Address:	2 F	Ē. <i>É</i>	Rati	2	7	Sı	uite :	
City: DY	2N	Cour	ity: Br	2205	Zip Code:	77802HS	SR: <u>7</u>	
Clinic APPOI NTMEN	T Phone i	#: QM	9-71	0N. L	10N3			
Clinic PRI MAR	/ Phone #	#: <u>Θή</u>	9.77	e4.4	OUEax: C	179.694	1-217	5
Service Area (counties to be served):	heen ruzo:	s, Robe	utson,	Grime	s, Burlo	son, Ma	dison,	Philas
Contact Person:	Noree	en Jo	hnser	1. Dr.	P.			
Pharmacy License #:			Class:	Applie	ed:			
TPI#: \$1-1(15)	llal		NPI#:	1241	1036	35	***	
Submission date of Me	edicaid A	oplication		,	200 DO	<u> </u>		
Subcontra	ctor Site:	[78]	Yes	ПМ	9	3		
	bile Site:		Yes	- No		···		
CLINIC HOURS	bilo Oito.						110	
DAY			HOURS	OF OPEF	RATION			
	Morr	ning	After	noon	Evening (	after 5pm)		
	From	То	From	To	From	То		
MONDAY	8:30	12:00	1:30	5:00	9 9		50	99
TUESDAY	8:30	12:00	1:30	5:00				Œ
WEDNESDAY	8:50	12:00	1:30	≾:01				
THURSDAY	8:30	12:00	1:30	5:08				
FRIDAY	8:30	12:00	1:30	5.00				
SATURDAY								
SUNDAY								
HRS/MONTH								

# Healthy Texas Women Certification

Legal Business Name of Respondent:	THE HEIDI GROUP	
This certification pertains to the follo	wing billing or performing provider:	
Provider Name Noreen Johnson		, ح
Federal Tax ID Number 81-195	161	
NPI Number <u>1700801214</u>		
If provider does not have an NPI Provider's primary billing address: Street Address 4112 E 29th Street	Submission Date of Medicald Application	_
Street Address City/State/Zip Co	de Bryan, Texas 77802	
Telephone Number 979.764.404	3	
Provider's primary physical address:		
Street Address 4112 E 29th Stre	ət	
Street Address City/State/Zip Co	de_Bryan, Texas 77802	
Telephone Number 979.764.4043		
An individual or entity that has a legal relative least one common common the granting or extension of a (icense or other a trademark, service The "written instruments" referenced above a affiliation, bylaws, or a license, but do not inclinate.	DEFINITIONS  Intilication the following terms are defined as follows:  The term "effiliate" means:  In term that authorizes the affiliate to use the other untity's brand name,  In that authorizes the affiliate to use the other untity's brand name,  In that authorizes the affiliate to use the other untity's brand name,  In that authorizes the affiliate to use the other untity's brand name,  In that a carling at the control of the control o	
practice, such as a nospital group agreemen	t, staffing agreement, management agreement, or collaborative practice.  agreement.	
taking animative action to secure elective abortion, arranging for treatment for the elective abortion, arranging for treatment of the elective abortion prequest neutral, factual information and nondirective actions of the election of the	hering, advocating, or popularizing elective abortion by, for example: rition services for a HTW client (such as making an appointment, obtaining ansportation, negotiating a reduction in an elective abortion provider fee, or occidure); however, the term does not include providing upon the patient's tive counseling, including the name, address, telephone number, and other int information about a provider; tition that publicizes or advertises an elective abortion service or provider;	
using, displaying, or operating under a brand organization tha	I name, trademark, service mark, or registered identification mark of an t performs or Promotes elective abortions	

My name is Norean Johnson MD. I am the provider or, if the provider is an organization, I am the provider's (title or position) Medical Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that, under Texas Human Resources Code, Section 32.024(c-1) and relating program rules in the Texas Administrative Code, I am not qualified to participate in HTW; or to bill the program for services if I perform or Promote Elective Abortions, or if I am an affiliate of an entity that performs or Promotes Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

- I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions.
- A l affirm that this statement is true and correct.
- 2. I am not, nor are any of my organization's subcontractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
  - I affirm that this statement is true and correct.
- In offering or performing a HTW service, I do not, nor do any of my organization's subcontractors, Promote Elective Abortions within the scope of HTW.
  - I affirm that this statement is true and correct.
- 4. In offering or performing a HTW service, I, as well as my organization's subcontractors, maintain physical and financial separation between any HTW activities and any elective abortion-performing or abortion-promoting activity. In particular:
  - a. All HTW services are physically separated from any elective abortion activities, no matter what entity is responsible for the activities;
  - The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
  - c. None of the funds that I, or any my organization's subcontractors, receive for performing HTW services are used to directly or indirectly support the performance or promotion of elective abortions by an affiliate, and my, and any of my organization's subcontractors', accounting records confirm this;
  - d. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
  - I affirm that this statement is true and correct.
- 5.1 do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.
  - (affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the HTW Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for HTW services.
- If, after I submit this signed certification, I, or any of my organization's subcontractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's subcontractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's subcontractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the HTW Program and HHSC will deny any claims I submit for HTW services.
- If, while participating in the HTW Program, I, or any of my organization's subcontractors, perform
  or Promote an Elective Abortion, I will be disqualified from the HTW Program, including any HTW
  contracts, and HHSC will deny any claims I submit for HTW services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact
  ineligible to participate in the HTW Program, HHSC may place a payment hold on claims
  submitted by me or my organization for HTW services until HHSC can make a final
  determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the HTW Program;
  - a) HHSC may recoup HTW funds paid on claims that I have incurred since the date the provider became ineligible;
  - b) HHSC will deny all HTW claims that I have submitted since the date of ineligibility; and
  - c) I will remain ineligible to participate in the HTW Program until I comply with Texas Human Resources Code Section 32.024(c-1) and relating program rules in the Texas Administrative Code.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HTW Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the HTW Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01-1-2017 through 08/31/2017
Note: Each provider must complete a new certification and mail it to TMHP by the end of each calendar year.
If any of statements 1 – 5 are not true, you must request an immediate termination of your HTW certification:
☐ Terminate HTW certification
Signature:
Printed Name: Noreen Johnson MD
Title: Medical Director
Date:01/31/2017